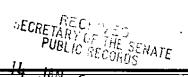
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FEC FORM 2 STATEMENT OF CANDIDACY



(a) Name of Candidate (in full) THOMAS COTTON				JAN -	6 PM 2:52	
THOMAS COTTON				100 2141 55041	12.02	
(b) Address (number and street) PO BOX 379	☐ Check if address changed			Candidate's FEC Identification Number S4AR00103		
(c) City, State, and ZIP Code				3. Is This Ne	, \ 2 i	
DARDANELLE	AR	7283		Statement (N)	OR 🔼 (A)	
Party Affiliation	5. Office Sought			trict of Candidate		
REPUBLICAN PARTY	Senate		AR	00		
DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE						
7. I hereby designate the following named political committee as my Principal Campaign Committee for the 2014 election(s). (year of election)						
NOTE: This designation should be f	led with the appropriate offic	e listed in the	e instructions.			
(a) Name of Committee (in full) COTTON FOR SEN	ATE		•			
(b) Address (number and street) P.O. BOX 379						
(c) City, State, and ZIP Code						
DARDANELLE			AR	72834		
I hereby authorize the following name candidacy. NOTE: This designation should be find the f	led with the principal campai	gn committe	e.	nmittee, to receive and exp	end funds on behalf of my	
SCOTT COTTON D	AINES VICTORY	FUND (SCDVF)			
(b) Address (number and street) 901 N WASHINGTON ST SUI	TE 700					
(c) City, State, and ZIP Code						
ALEXANDRIA			VA	22314		
I certify that I have example	inined this Statement and to	the best of r	ny knowledge a	nd belief it is true, correct a	nd complete.	
Signature of Candidate			Date	Date		
THOMAS COTTON				12/26/2013		
NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to penalties of 2 U.S.C. §437g.						
·					FEC FORM 2 (REV. 02/2009)	

FORM 2S - STATEMENT OF CANDIDACY (Supplemental Page)

FEC Form 2 (Rev. 02/2003) [ADDITIONAL] **DESIGNATION OF OTHER AUTHORIZED COMMITTEES** (Including Joint Fundraising Representatives) I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my NOTE: This designation should be filed with the principal campaign committee. (a) Name of Committee (in full) FISCAL CONSERVATIVE MAJORITY FUND (b) Address (number and street) 228 S WASHINGTON STREET SUITE 115 (c) City, State and ZIP Code **ALEXANDRIA** V٨ 22314 [ADDITIONAL] **DESIGNATION OF OTHER AUTHORIZED COMMITTEES** (Including Joint Fundraising Representatives) I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my NOTE: This designation should be filed with the principal campaign committee. (a) Name of Committee (in full) (b) Address (number and street) (c) City, State and ZIP Code [ADDITIONAL] **DESIGNATION OF OTHER AUTHORIZED COMMITTEES** (Including Joint Fundraising Representatives) I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my NOTE: This designation should be filed with the principal campaign committee. (a) Name of Committee (in full) (b) Address (number and street)

(c) City, State and ZIP Code



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